THE MINISTER OF STATE IN THE MINISTRY. OF COMMUNICATIONS (SHRI SANTOSH MOHAN DEV); (a) No, Sir. Performance of Southern States is comparatively better than other zones.

(b) Does not arise in view of (a) above.

Weekly oral contraceptive for women

3S3. SHRI M. VINCENT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state; .

(a) whether Government (Drugs Controller) have approved the use of once a week oral contraceptive for women; and

(b) whether any clinical trial have been made in this regard and if *so with* what result?

THE MINISTER.OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) and (b) Information is being collecetd and will be laid on the Table of the Sabha in due course.

Three language formula)

'384**.** SHRI M. VINCENT; Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to slate the number of non-Hindi language States which have opted to teach and promote the three language formula; the number of States and the number of institutions that have adopted Tamil as the third language?

' THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI KRISHNA SAHI); All the States have, in principle, accepted the Three Language Formula except Tamil Nadu which is implementing a two lan-e formula. In the Union Territory of Pondicherry, in Pondicherry and Karaikal language formula is implemented whereas in Mahe and Yanam three language formula is implemented. Assam accepted the three language formula but subsequently it has been revising the arrangements for teaching of languages. Assam Government has reported that the arrangements in th's regard are still being worked out and at present a two lan- age formula comprising of the mother . tongue as the first language and English as the second language is under mple-*i* mentation. According to the information collected by the Ministry recently, 6 Sta-.. tes|UTs in the Country at present allow j teaching of Tamil as the Third language.

Importance of the preventive and curative aspects in the Health Sciences

385. SHRI M.' VINCENT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government have any proposal under their consideration to give more importance to preventive aspect than the curative side in Health services;

(b) if so, what are the details thereof; and

(c) whether Government are aware that the W.H.O. has recently stressed the im portance of increasing the use of preven tive medicines all over the world, especia lly that in over populated country like ours?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) Keeping in view the importance of prevention of diseases, the Govt. of. India have shifted the emphasis from curative to preventive and promotive aspects of health care during the recent Plan periods and have launched programmes against several communicable diseases like malaria, filaria, leprosy, tuberculosis, diarrhoeal diseases, kala-azar. STD andd in non-communicable diseases like cancer, Blindness, Mental Health etc. These Programmes include early identification and health education, environmental improvement through Vector Control and other measures, and im-munoprophylaxis and also treatment of the cases. There is thus integration of preventive and curative measures through a primary Health Care. System. The Government have also launched an Universal Immunization Programme against 'diph-ia, pertussis, tetanus, measles, tuberculosis and typhoid.